

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 288

(check only one)

| | | | |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

Dollars for Democrats

A.Full Name (Last, First, Middle Initial)
LISINA HOCH

Mailing Address 39 MATTHIESSEN PARK N

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| IRVINGTON | NY | 10533 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: 11ai-000070561

Amount of Each Receipt this Period

500.00

B.Full Name (Last, First, Middle Initial)
NANCY F. WILSON

Mailing Address 2344 FORD AVE

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| OWENSBORO | KY | 42301 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 8 | / | 2 | 0 | 1 | 1 |

Transaction ID: 11ai-000070407

Amount of Each Receipt this Period

1000.00

C.Full Name (Last, First, Middle Initial)
WILLIAM HUGHES

Mailing Address 2675 E 2700 N

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| LAYTON | UT | 84040 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROCKY MOUNTAIN WOMENS HEALTH CAREOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 1 | / | 2 | 0 | 1 | 1 |

Transaction ID: 11ai-000070395

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)